

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION**  
**(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing **OR** ☒ Declaration Submitted After Initial Filing (surcharge (37 CFR 1.16(f)) required)

Attorney Docket Number	31886-705.201
First Named Inventor	Michael Hufford et al
<b>COMPLETE IF KNOWN</b>	
Application Number	09/825,533
Filing Date	April 2, 2001
Art Unit	3693
Examiner Name	Gottschalk, Martin

I hereby declare that: (1) Each inventor's residence, mailing address, and citizenship are as stated below next to their name; and (2) I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM FOR CLINICAL TRIAL SUBJECT COMPLIANCE**

(Title of the Invention)

the application of which

☐ is attached hereto

**OR**

☒ was filed on 04/02/2001 as United States Application Number 09/825,533.

Application Number was amended on (MM/DD/YYYY) ☐ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

**Authorization To Permit Access To Application by Participating Offices**

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## DECLARATION — Utility or Design Patent Application

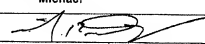
### Claim of Foreign Priority Benefits

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">021971</span>		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	Zip
Country	Telephone		Email <span style="font-size: small;">patentdocket@wsgr.com</span>
<b>WARNING:</b>			
<p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identify them. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type or personal information is included in documents submitted to the USPTO, petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available. Petitioner/applicant is advised that documents which form the record of a patent application (such as the PTO/SB/01) are placed into the Privacy Act system of records DEPARTMENT OF COMMERCE, COMMERCE-PAT-7, System name: <i>Patent Application Files</i>. Documents not retained in an application file (such as the PTO-2038) are placed into the Privacy Act system of COMMERCE/PAT-TM-10, System name: <i>Deposit Accounts and Electronic Funds Transfer Profiles</i>.</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Michael</b>		Family Name or Surname <b>Hufford</b>	
Inventor's Signature 		Date <b>11/17/10</b>	
Residence: City <b>San Diego</b>	State <b>CA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>12940 La Tortola</b>			
City <b>San Diego</b>	State <b>CA</b>	Zip <b>92129</b>	Country <b>US</b>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02L attached hereto			

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page 4 of 4	

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<b>David</b>		<b>Peterson</b>	
Inventor's Signature		Date	
Residence: City <b>Scotts Valley</b>	State <b>CA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>121 Sunset Terrace</b>			
City <b>Scotts Valley</b>	State <b>CA</b>	Zip <b>95302</b>	Country <b>US</b>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<b>Jean</b>		<b>Paty</b>	
Inventor's Signature		Date	
Residence: City <b>Pittsburgh</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>Canada</b>
Mailing Address <b>5621 Beacon Street</b>			
City <b>Pittsburgh</b>	State <b>PA</b>	Zip <b>15217</b>	Country <b>US</b>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<b>Saul</b>		<b>Shiffman</b>	
Inventor's Signature		Date	
Residence: City <b>Pittsburgh</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>5726 Woodmont Avenue</b>			
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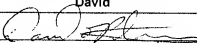
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
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Name				
Address				
City	State		Zip	
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<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Inventor's Signature			Date	
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<b>David</b>		<b>Peterson</b>	
Inventor's Signature 		Date <b>27 Oct 2010</b>	
Residence: City <b>Scotts Valley</b>	State <b>CA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>121 Sunset Terrace</b>			
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Given Name (first and middle (if any))		Family Name or Surname	
<b>Jean</b>		<b>Paty</b>	
Inventor's Signature		Date	
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<b>Saul</b>		<b>Shiffman</b>	
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Name						
Address						
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Country			Telephone			Email patentdocket@wsgr.com
<b>WARNING:</b>						
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<b>NAME OF SOLE OR FIRST INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <b>Michael</b>				Family Name or Surname <b>Hufford</b>		
Inventor's Signature					Date	
Residence: City <b>Pittsburgh</b>		State <b>PA</b>		Country <b>US</b>		Citizenship <b>US</b>
Mailing Address <b>11 Carmel Court</b>						
City <b>Pittsburgh</b>		State <b>PA</b>		Zip <b>15221</b>		Country <b>US</b>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto						

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page 4 of 4	

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<b>David</b>		<b>Peterson</b>	
Inventor's Signature		Date	
Residence: City <b>Scotts Valley</b>	State <b>CA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>121 Sunset Terrace</b>			
City <b>Scotts Valley</b>	State <b>CA</b>	Zip <b>95302</b>	Country <b>US</b>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<b>Jean</b>		<b>Paty</b>	
Inventor's Signature		Date <b>Oct. 26, 2010</b>	
Residence: City <b>Pittsburgh</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>Canada</b>
Mailing Address <b>5621 Beacon Street</b>			
City <b>Pittsburgh</b>	State <b>PA</b>	Zip <b>15217</b>	Country <b>US</b>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<b>Saul</b>		<b>Shiffman</b>	
Inventor's Signature		Date	
Residence: City <b>Pittsburgh</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>5726 Woodmont Avenue</b>			
City <b>Pittsburgh</b>	State <b>PA</b>	Zip <b>15217</b>	Country <b>US</b>

[Page 4 of 4]

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted With Initial Filing **OR** ☒ Declaration Submitted After Initial Filing (surcharge (37 CFR 1.16(f)) required)

Attorney Docket Number	31886-705.201
First Named Inventor	Michael Hufford et al
<b>COMPLETE IF KNOWN</b>	
Application Number	09/825,533
Filing Date	April 2, 2001
Art Unit	3693
Examiner Name	Gottschalk, Martin

I hereby declare that: (1) Each inventor's residence, mailing address, and citizenship are as stated below next to their name; and (2) I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## SYSTEM FOR CLINICAL TRIAL SUBJECT COMPLIANCE

(Title of the Invention)

the application of which

☐ is attached hereto

**OR**

☒ was filed on 04/02/2001 as United States Application Number 09/825,533.

Application Number was amended on (MM/DD/YYYY) ☐ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

### Authorization To Permit Access To Application by Participating Offices

☒ If checked, the undersigned hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), the Korean Intellectual Property Office (KIPO), the World Intellectual Property Office (WIPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified patent application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h). This box should not be checked if the applicant does not wish the EPO, JPO, KIPO, WIPO, or other intellectual property office in which a foreign application claiming priority to the above-identified patent application is filed to have access to the above-identified patent application.

In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the above-identified patent application with respect to: 1) the above-identified patent application-as-filed; 2) any foreign application to which the above-identified patent application claims priority under 35 U.S.C. 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified patent application; and 3) any U.S. application-as-filed from which benefit is sought in the above-identified patent application.

In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Offices.

[Page 1 of 4]

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**DECLARATION — Utility or Design Patent Application****Claim of Foreign Priority Benefits**

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application number(s) are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	<div style="border: 1px solid black; padding: 2px;">021971</div>	OR	<input type="checkbox"/> Correspondence address below
Name				
Address				
City		State	Zip	
Country	Telephone		Email patentdocket@wsgr.com	

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Michael</b>		Family Name or Surname <b>Hufford</b>	
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City <b>San Diego</b>	State <b>CA</b>	Zip <b>92129</b>	Country <b>US</b>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the ____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto			

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page <b>4</b> of <b>4</b>	

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<b>David</b>		<b>Peterson</b>	
Inventor's Signature		Date	
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City <b>Scotts Valley</b>	State <b>CA</b>	Zip <b>95302</b>	Country <b>US</b>
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Given Name (first and middle (if any))		Family Name or Surname	
<b>Jean</b>		<b>Paty</b>	
Inventor's Signature		Date	
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<b>Saul</b>		<b>Shiffman</b>	
Inventor's Signature		Date <b>11/11/10</b>	
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Mailing Address <b>5726 Woodmont Avenue</b>			
City <b>Pittsburgh</b>	State <b>PA</b>	Zip <b>15217</b>	Country <b>US</b>

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